



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 4.5.28	Subject: OFFENDER HEALTH RECORD FORMAT AND CONTENT	
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3	
Section 5: Health Care for Secure Facilities	Effective Date: July. 1, 1998	
Signature: /s/ Bill Slaughter, Director	Revision Date: 04/18/06	

I. POLICY

The Department of Corrections facility health care units will establish and maintain complete and comprehensive offender health care records.

II. APPLICABILITY

The secure facilities that include Riverside and Pine Hills Youth Correctional Facilities, Montana State Prison, Montana Women's Prison, Treasure State Correctional Training Center, and the private and regional facilities contracted to the Department of Corrections.

III. REFERENCES

- A. *National Commission on Correctional Health Care Standards for Health Services in Prisons, 2003*
- B. *ACA Standards for Juvenile Correctional Facilities, 2003*

IV. DEFINITIONS

Health Care Record – Written or electronic documentation of an offender's health care.

Health Care Providers – Licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for offender health care and treatment.

Health Care Staff – Includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

Health Policy Team – A team consisting of the Department medical director, dental director, mental health or psychiatric representative, health services bureau chief, managed care RN, chief facility health officer, and facility administrator.

V. DEPARTMENT DIRECTIVES

A. Initial Health Record

1. Upon admission, medical records staff will compile an offender health care record to include all medical, dental, and mental health information.
2. The Department health policy team will establish guidelines for the organization of the health care record.

Policy No. DOC 4.5.28	Chapter 4: Facility/Program Services	Page 2 of 3
Subject: OFFENDER HEALTH RECORD FORMAT AND CONTENTS		

B. Health Care Record Content

1. The health care record will contain all offender health-related information to include:
 - a. identifying information (e.g., name, DOC ID number, date of birth, gender);
 - b. a problem list containing medical and mental health diagnoses, treatments, and known allergies;
 - c. admission screening and health assessment forms;
 - d. progress notes of all significant findings, diagnoses, treatments, and dispositions;
 - e. provider orders for prescribed medications and medication administration records;
 - f. laboratory and x-ray reports and diagnostic studies;
 - g. flow sheets;
 - h. consent and refusal forms;
 - i. release of information forms;
 - j. reports of specialty consultations and off-site referrals;
 - k. hospital and inpatient treatment discharge summaries;
 - l. special needs treatment plans, if applicable; and
 - m. immunization records, if applicable.

C. Documentation

1. Health care providers will document in the health care record:
 - a. all offender health encounters in accordance with guidelines established by the Department health policy team and facility health care unit procedures;
 - b. all off-site care on a referral form approved by the Department medical director; and
 - c. all consultant's reports, including diagnostic findings and recommendations.

D. Health Record Confidentiality

1. Health care staff will ensure that:
 - a. offender health care records are maintained separately from other offender records; and
 - b. health care record information is only released in accordance with *DOC Policies 1.5.6, Offender Records Access and Release*, and *4.5.29, Offender Health Record and Information Confidentiality*.

E. Record Reactivation

1. Upon admission of re-incarcerated offenders, health care staff will reactivate the previous health care record, if available.

VI. CLOSING

Questions concerning this policy should be directed to the health services bureau chief.